

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12377

National Office of Vital Statistics
FILED APR 21 1948

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 1

1. PLACE OF DEATH:

(a) County IRON
(b) City or town GLOVER (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HANNAH ELIZABETH WHITAKER

3. (b) If veteran,

name war

3. (c) Social Security No.

4. Sex F 5. Color or race W
6. (b) Name of husband or wife PLEASANT ROBERT WHITAKER
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased March 12 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 0 6 hr. min.

9. Birthplace INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name George Washington Griffin
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name MARY Z. KING
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. W. D. RIVERS
(b) Address 66 LOVER, MO RT #1

17. (a) Buried (b) Date thereof 3-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KANSAS CITY, Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Granton, Missouri

19. (a) 4/12/48 (b) W. J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles West of Sabula
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-12, 1947, to 3-18, 1948.
that I last saw him alive on 3-16, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Rabies

Due to TerminalDue to Myocarditis
Diabetic Mellitus

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy 16

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (A) Means of injury
23. Signature George M. King (M. D. or other)
Address Granton Mo. Date signed 3/25/48

JUN 29 1949

RECEIVED

Sanitary Health Officer No. 4
Sanitary File Number 448-525
Date Filed 4-20-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____. Registered Apprentice No. _____
working under my personal supervision.

Signed

Paul J. White

Licensed Embalmer No. 3412

P. O. Address

Emilene Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.